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TYLE BY BY DR. "ANDED ACRESSOR, PAGE SATISFBAY, NOVEMBER 28, 1953

(Note: The dates and approximate times of vivits to Dr. Abramson are added here to clarify Dr. Abrameon's following statement.

Tuesday, Foverber 24

- (a) With patient and two felouds, in New York office, about 4:45 to 5:00 F.M.
- (b) With patient alone, in New York office, about 5:00 to 6:00 P.M.
- (c) With publicat and two friends, in hotel room, about 10:00 to 11:00 P.J.

Wednesday, Povember 25

With rationt alone, in New York office, about 4:00 to 5:00.

Thursday, Poymber 26

- (a) lith rationt alone, in "watington, Jong Island, office, about 4:00 to 5:00 P.M.
- (b) With potient and friend, in Muntington office, about 5:00 to 5:20 P.M.

Friday, "overber 27

ith patient and friend, in You York office, about 9:30 A.W. to 12:00 noon, and from about 2:00 to 3:00 P.P.)

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Juescay, Pove ber 24, 1953

Patient remembered me from mostings during the war in 1944 and recalled common interests. Present were two of the patient's friends. Convergation remained for some tile on a social level in which the patient had, contrary to his later description of hisself, an excellent memory for scople, events, and feelings about neople. No discussed these r alistically and showed only some mlight strain during the course of the conversation. It was only when he was with me in private that he choused anxiety about his sense of inadequacy, with special reference to the stientific performnes of his duties. He was obcasced with the idea that his monory was poor, that his work was inadequate, and that he fulled his family and his compades. He montioned that he felt that he was dishonest because he had been retired for duodenal ulcer. He felt that he was steeling money that wasn't his, really. He stated that although he could see the fact that an authorized review board had acted, his own ideas were in conflict on the subject. He said he had valited to leave his present nork, but that if he did leave he would be tempted to take his retirement pay, and that he couldn't face it -- I attempted to ascertain if he relt carecially personated at this the, or trapped, but the exphasis was on his non computsive need to do a perfect job, and his own inability to live up to what he expected of himself. For example, when he was asked to take over his Division.

In order to further keep in contact with him and to assay the condition further, I went to the hitel in the evening and spent on hour with the rations and his to friends. Ind again, the patient appeared to maintain an excellent relationship with recole, considering how a plated he had been reported to be. to I left he said, "You know, I feel a lot tatter. This is what I have been needlag."

On November 25 the patient agreemed core egitated. There was also in reperted discussion with more egitation of May juner nervies about his work, this release of chrestfield information, his guilt on being retired for an ulcer. He edds he had always het three facilings, and they had not just sturked the week before, and that in fact in Yarch of 1933 like wife thought he may be depressed and agitated that thought he should see a doctor. He was the had been alsoping poorly thought he should see a doctor. He was the had been sleping poorly since Yarch 1953. He applified his difficulties saying that his spelling had become poor and that his mercry was poor. This did not spelling had become poor and that his mercry was poor. This did not conferion was present, but this confusion was restricted to feelings of *foot doing the job right."

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Again on attempt was rate to have the patient state that he was the subject of a plot or was expeciablly proceeded by lis friends, but at no time did he speak of any but the highest regard for friends or family. He stated explicitly that he wished to go back home. I saw no may in which this could be prevented, but plans were made for further discussion.

Povember 25

The patient returned efter an eighthed trip to "ackington and true seen at \$h:00 Pt"., Thursday, November 26. In this interdiew, for the first time, the patient about that he had debusions of percention. "I feel they more default as done to keep so weeks." To said that for some weeks the CIA proof had been putting something like tempedatine in his coffee. Be pointed out he had heard voices the sight before and that Vo wide told not of throw At amay." (In had thous amy his wallet). His history definitely indicated he had been defined and late to each probably matter, but that he had been also come fairly well, except in crimes. It became apparent that heapitalization was required as soon as possible.

November 27

On Friday spening, November 27, the patient and a friend and the writer discussed in more detail the foodrability of hospital treatment, to which the patient had finally agreed. Be thought he could like to be near home, and for this reason a monthl institution near Tablington was chosen and a room reserval. The hospital could not take the patient that day, and arrangements were rade for hospitalization. The next day,

Conclusion

The patient has been, according to his own story, debusional for a long period of them, but speaking wall in his aly by Cet work. Wis inordinate with feelings, as experied to me, were specifically related to his penden and disability pay. For this he fall to be punished. He hiswalf dated his difficulties to the thre when he may retired. It was than that he recalls his extraordinary guilt feelings began, becoming prophendwally mores, with the specific debusional events occurring during the preceding monts.

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